Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Address: 5304 Limu Place, Honolulu, Hawaii 96821	Facility's Name: Aina Haina Quality Living
Inspection Date: September 9, 2020 Annual	CHAPTER 100.1

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

		S i1 — Order for Tylenol states, "325 mg — 2 tabs ry 4 hours as needed." Tylenol label states, "325 so orally every 6 hours as needed." Medication label do not match.	primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	\$11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee	<u></u>
matching to the medication order and parameter.	Medication refill received from Pharmacy bearing label	Direction sticker change placed on the medication label to alert staff that medication label and order did not match. Staff oriented that in such case of discrepancy, to follow directions indicated in medication order.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
	10/3/2020	9/10/2020		-	Completion Date

Di St	Re me	up	Resident #1 – Order for Tylenol states, "325 mg – 2 tabs orally every 4 hours as needed." Tylenol label states, "325 mg – 2 tabs orally every 6 hours as needed." Medication order and label do not match.	primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the library and the library the libra	RULES (CRITERIA)
Direction change sticker made available inside med-cart. Staff alerted to use and place sticker to label and notify PCG right away.	Re-training conducted to all staff assigned to giving medications to alert RN right away should medication recieved from Pharmacy not match medication order.	PCG to double check medication label matching to order upon admission and or readmission to facility.	Weekly medication audit scheduled every Sunday by RN. Electronic calendar noted to remind RN.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2 FUTURE PLAN	PLAN OF CORRECTION
On -going	10/1/2020- 10/10/20	On-going	On-going			Completion Date

<u>∵</u> ∠		FINDINGS Resident #1 — Order for Senna-S states, "8.6-50 mg — 1 tab Orally twice daily." Senna-S label — 2 tabs orally twice	and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee,	X §11-100.1-15 Medications. (a)	RULES (CRITERIA)
Medication refill obtained from pharmacy matching doctor's order.	Staff re-trained use of sticker if medication label and order does not match or if there are changes in the order.	Medication order was changed, dosing decreased recently. Directions changed sticker placed on medication label.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PARTI	PLAN OF CORRECTION
9/29/2020	10/3/2020 -	9/10/2020			Date	Completion

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		parameters used on medication lader.	FINDINGS Resident #2 – Order for Bystolic states, "5 mg – 1 tab orally once daily. Hold for SBP <120 or HR <60." No hold parameters listed on medication label	and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee,		RULES (CRITERIA)
and weekly task checklist.	PCG task to double check medication label matching to order upon admission, readmission and or changes in dosing On-going per MD order. Task added to PCG admission/readmission	RN week-end checklist of task to be done made.	RN assigned to perform weekly medication audit scheduled On-going every Sunday. This includes reconciling medication order and medication labels.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PART 2	PLAN OF CORRECTION
	ng On-going	9/29/2020	on-going			Date	Completion

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		\boxtimes	
Resident #2 — Order for Albuterol Sulfate HFA aerosol solution 108 (90 base) mcg/act states, "Inhale 2 puffs every 2 hours as needed for wheezing." Label states, "Inhale 2 puffs every 4 hours as needed for wheezing." Medication order and label do not match.	pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by	RULES (CRITERIA)
Medication order clarified with PCP. MD discontinued Albuterol HFA aerosol for non use for over 6 months.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART I	PLAN OF CORRECTION
10/6/2020	•		Completion Date

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	putts every 4 hours as needed for wheezing." Medication order and label do not match.	Resident #2 — Order for Albuterol Sulfate HFA aerosol solution 108 (90 base) mcg/act states, "Inhale 2 puffs every 2 hours as needed for wheezing." Label states, "Inhale 2	and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee,	§11-100.1-15 <u>Medications.</u> (a)	RULES (CRITERIA)
PCG task to double check medication label matching to order upon admission, readmission and or changes in dosing per MD order. Task added to PCG admission/ readmission and weekly task checklist.	RN week-end checklist of task to be done made.	RN assigned to perform weekly medication audit scheduled every Sunday. This includes reconciling medication order and medication labels.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PART 2	PLAN OF CORRECTION
g On-going	9/29/2020	d On-going			Date	Completion

	FINDINGS Resident #2 — Medications not reevaluated and signed every 4 months.	All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.	1
Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		PART 1	PLAN OF CORRECTION
			Completion

			FINDINGS Resident #2 — Medications not reevaluated and signed every 4 months.	All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.	RULES (CRITERIA)
month.		Nursing calendar marked for designated POS to be faxed to PCP by RN every 1st week of each month.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
	On-going	9/12/2020_			Completion Date

	\boxtimes	
records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #2 – No current tuberculosis clearance.	§11-100.1-17 <u>Records and reports.</u> (a)(4)	RULES (CRITERIA)
USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCP contacted. Annual TB test scheduled with PCP to be done as soon as possible during house call visit to avoid exposing resident to COVID-19 if taken to the clinic	PART 1	PLAN OF CORRECTION
	5460	Completion

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FINDINGS Resident #2 — No current tuberculosis clearance.	A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	\$11-100.1-17 Records and reports. (a)(4)	RULES (CRITERIA)
PCG aware of the expired TB. COVID-19 risk of exposure was considered. Resident was reffered to the house call program. In the future, to contact PCP and notify if house call program can be utilized to administer TB test prior to expiration date of TB clearance.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN FUTURE PLAN	PART 2	PLAN OF CORRECTION
On -going				Completion Date

	During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #1 - No monthly weight record for July and August 2020.	\\$11-100.1-17 Records and reports. (b)(4)	RULES (CRITERIA)
VERTICATE CONTRACTOR C	Correcting after-th practical/al this deficien plan is	РАВТ 1	PLAN OF CORRECTION
		Date	Completion

			\boxtimes	
	Resident #1 — No monthly weight record for July and August 2020.	Entries describing treatments and services rendered;	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:	RULES (CRITERIA)
monitoring as it is too taxing to the resident.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Resident is on hospice serices and bedridden. Facility has difficulty placing resident on wheelchair to obtain weight. Resident became very anxious, resistive and yelling of discomfort. In the future, PCG and or RN to contact PCP or Hospice Services MD to waive montly weight	FUTURE PLAN	PART 2	PLAN OF CORRECTION
		•	722	Completion

All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 — Monthly summary for June 2020 did not accurately reflect the need for nectar thickened liquids.	General rules regarding records:	
Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	PART 1	PLAN OF CORRECTION
		Completion Date

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			Resident #1 – Monthly summary for June 2020 did not accurately reflect the need for nectar thickened liquids.	All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.	General rules regarding records:	RULES (CRITERIA)
Completion date: December 15, 2020.	Electronic calendar marked for last Sunday of the month as a reminder for completion of task.	Two-person team assigned to check Monthly Summary completed timely and accurately every month. MS will be done by RN. PCG tasked to double check completion and accuracy before the last Sunday of the month. Checklist added to end of month task of PCG to review MS and diet order.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	USE THIS SPACE TO EXPLAIN YOUR FUTURE	PART 2	PLAN OF CORRECTION
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Licensee's/Administrator's Signature: Print Name: Ryan Jabs Date: 10/15/20
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Licensee's/Administrator's Signature:_

Print Name: _ Ryan Jabs

Date: _